

Department of Disabilities, Aging and Independent Living
Cost Saving Ideas
Developmental Services Summer Work Group Meeting
August 7, 2013

- 1 Raise the high school graduate Funding Priority age to 21. Many other states have dual enrollment programs where students can spend there years till 21-22 on college campuses taking classes, learning life skills, jobs skills etc.
- 2 Spend more \$ on Supervised Apartment Living, and Do a better job with getting people to live with peers so that they are not isolated.
- 3 Use technology like Safety Connection more across the state Not just in Chittenden County
- 4 Look at what others states are doing in the areas of supportive living and technology.
- 5 Invest more money in peer support and Self-Advocacy
- 6 Eliminate the public safety priority especially for those who are not Act 248. Public protection is not a DD ACT responsibility
- 7 Stop funding SFI & CCC
- 8 Eliminate FFF seeing as it will be rolled into IFS?
- 9 Look at ways to provide more natural job support for people that have less intense needs
- 10 Reduce Budgets over 200,000 to 200,000?
- 11 Time limit on amount of time in shared living. A person who goes into an SLP situation should be there to learn the basic of daily living and then more on to a less restrictive setting with peers. There are times when a home provider has no incentive to move someone along to the next level and they get stuck.
- 12 Develop more post high school transition programs like succeed to teach the basic of living in the community but have it more peer based with college student mentors
- 13 Look at getting mental health to pay for some of the DS waiver clinical services.
- 14 Develop ways to fade job support and provide natural supports for people with developmental disabilities especially for people with less intense needs.

- 15 All the agencies should use an ARIS solutions model for their business office because it is cheaper and more cost effective. “ Agencies should consolidate”
- 16 Do not fund center based day programs
- 17 Do not fund sheltered workshops
- 18 Do not pay parents-conflict of interest
- 19 Develop a way to subsidize the rent so that people can live in apartments together. Given that Section 8 says 1 voucher per household and there is a waitlist and cost of rent is very high.
- 20 Choices For Care and other DAIL programs should serve our people as they age and develop more significant issues.
- 21 Do not allow more than 3 People in a developmental home/SLP.
- 22 DCF needs to do an over- 18 agreement continued funding for everyone who turns 18 that's in foster care.
- 23 Increase and educate people about the option of self & family managed services but have Q A guidelines around it. Managed services are cheaper
- 24 Incentives for home providers-base rate of pay. Bonuses to increase independence so that it is not an ongoing expense. Less restrictive setting.
 - a. SLP's get healthcare w/ less pay. Reduce the need for more outside support such as respite and community support.
 - b. Use bonuses around increasing independence to for PS people.
 - c. Pay for outcomes that make people independent.
 - d. Still payment for minimal service
- 25 Bring back the more pro-active SOCP priorities- That will prevent crisis.
 - a. Prevent regression
 - b. Help towards independence
- 26 Increase FFF for single parents over the age of 60 and two-parent families over 70 to extend the time these families can provide care for their son or daughter (recommended by Pacific Health Policy Group in 2004, saying it would save \$25K for each year a family could continue to provide support). *(How to balance the need of the adult for more out-of-home involvement in the community?)*
- 27 Consolidate administrative functions of agencies into ARIS to achieve lower admin rates. *(This has been suggested before, but the larger, full-service D.A.'s have business offices for the entire agency, not just DS. Also, do all agencies count the same things as admin costs? Do all count the ED salary as admin cost?)*

- 28 Cap new waivers at \$250K. Review existing waivers over that amount to see if costs can be lowered. *(Since agencies are bound by a zero-reject policy, will this cost limit make it impossible for them to serve some people? Should there be exceptions, but a much tighter process?)*
- 29 Work with the Agency of Education to address issues of transition age students. Many school districts try to graduate special ed students early; when this happens, families mustn't be left without any supports for their sons and daughters. *(As Nicole suggested, Education could fund post-secondary options for students between graduation and age 22, but would they?) Some schools may be pushing out early*
- 30 Work with refugee communities to develop culturally relevant options for people served from those communities.
 - a. Recruit and train direct support providers from those communities, including family members. *(May not save \$\$, but could increase satisfaction and belonging in those communities, as well as take the pressure off other social services by providing employment).*
- 31 Emphasize employment for everyone. Get more creative at individualized, customized employment; micro-enterprises. *(For people with shared living providers, it may take some workshops for both the person and the shared living provider to begin to come up with ideas for employment or micro-enterprises. May require the use of PASS plans. Not sure this could be accomplished without additional costs.)*
- 32 Don't undermine the local funding committees by second-guessing their budgets submitted. This could lead to inflation of budgets submitted in order to get what is needed. Trust them, and they will keep the budgets frugal and realistic.
- 33 Seek more private guardians for people with public guardians. This was done after the closure of Brandon. There may be people out there willing to become private guardians. *(Be careful not to undermine the safety of people who need public guardians.)*
- 34 Encourage more self and family management. Consider the possibility of allowing, on a case-by-case basis, family management of comprehensive waivers (people living outside the family home). This is one place where the decision should likely be at the level of the state. This is allowed in some other states.
- 35 Rebuild citizen reviewing to assist in quality assurance. This was done in the past by a small grant to a family organization (ARC)→ VFN which then mobilized and trained volunteers from the community. This could relieve some of the pressure from too few QA staff.

- 36 Investigate what is being done in the Family Support grant that NASDDDS is doing with the Missouri University Center of Excellence in DD. Not sure that the things they are doing will save money or not, but they are intended to strengthen support-providing families.
37. Individuals and families need to be at the front and center of whatever changes happen.
- Vermont has had success with flexible services.
 - Vermont's Global Commitment already provides the means for more flexible approaches to serving people.
 - Individuals and families will be more satisfied when they have options and can tap supports that match what they really need.
 - Individuals and families are likely to need fewer supports when there are options and supports that match what they really need.
 - In order for people to be independent in the long run you need to invest in expertise that will support them.
 - People cannot keep their heads above water when hit with multiple cuts and limited options to respond to them. (Example—A family loses Flexible Funding and is also closed out of the Personal Care Services pilot.)
 - A balanced approach retains regulatory safeguards that are in place when times are hard, without erecting new barriers that are counterproductive.

Maintain & Expand Cost Effective Options	Negative, Counterproductive Actions
Tap the flexibility that is part of the Global Commitment's "waiver" to ** create funding packages that match what people need instead of rigid line item support categories. ** Add parents to the list of family members who can be paid to support individuals while ensuring any necessary safeguards are in place.	Continue rigid categories of support while eliminating flexible, less expensive ones. Continue to move people into congregate day programs that segregate them from the community. Continue to move people into "wrap" services that delegate a person's services to a single developmental home provider.
Continue to support cost effective small agencies with high consumer satisfaction	Consolidate agencies that are effective out of existence.
Expand pool of service providers who have expertise in individualized supports that people have identified as needs	Continue to restrict who can provide services in Vermont.
Analyze and create incentives that increase cost-effective self & family management options while providing necessary safeguards.	Increase barriers to self & family management, including proposed regulations. Alternative safeguards can be found.
Retain Flexible Family Funding to provide what families identify they need cost effectively.	Eliminate FFF, which is a cost effective safety net that keeps families from going into crisis.
Retain Targeted Case Management, including	Eliminate TCM, which is a cost effective safety

150 adults who do not receive any other direct services, especially those helped to stay in their own apartments and homes, get the medical care they need, etc..	net that keeps individuals from the crises that trigger full waiver supports at much higher cost.
Expand the Personal Care Services pilot across Vermont to increase consumer satisfaction & ensure identified needs are met flexibly	Limit families to personal care services without case management, flexible funding or access to the pilot.
Include the Children with Special Health Needs Respite Program in Global Commitment investment to stretch dollars.	Continue to spend precious general fund dollars on a program that serves families of young people who have developmental disabilities who don't meet Vermont's definition.
Include Green Mountain Self Advocates peer support network in Global Commitment investment to support people who are at risk and not being served, and to address abuse & neglect issues now reaching crisis at Adult Protective Services.	Fail to invest in the state-wide network that provides mutual support that helps people stay safe.
Reorganize DAIL so that there is a developmental disabilities division that can have a clear focus on maximizing efficiencies in serving thousands of people that meet the state definition.	Continue to divert limited resources by serving offenders in the community without Corrections system support.
Per the DDAct, collect and report accurate data on people eligible not meeting a priority, including specific supports they are waiting for.	DO NOT start waiting lists for emergency priorities. Nothing could be more inhumane -- or costly within a short period of time.

49. According to a 2010 report from the National Association of State Directors of Developmental Disabilities Services (NASDDDS), there are 36 states that currently allow payment to parents for providing support to adult children with a DD. See the attached PowerPoint summarizing the report. The report is available at: www.nasddds.org. The NASDDDS report states that paying parents can be a cost effective way to provide support to individuals who need it. Vermont has permitted the payment of spouses to provide care under the Choices For Care since 2007, and the state funded Attendant Care program since 1980. The Department has already determined that it may be appropriate in certain circumstances to pay a family member and address the potential for conflict of interest.

Potential for conflict of interest exists everywhere within any DD system (and everywhere else in life). That potential for conflict means that any program developed to pay parents needs to address that issue, but that mere potential for conflict is not a rational basis for a blanket prohibition on the payment of parents. It appears that thirty-six other states have already reached this conclusion. Under the Vermont guardianship statute, potential conflicts of interest are recognized and the statute explicitly requires probate judges to consider them. 14 V.S.A. § 3072(b) states:

In appointing an individual to serve as guardian, the court shall take into consideration:

- a. the nomination of a guardian in an advance directive or in a will;
 - b. any current or past expressed preferences of the respondent;
 - c. the geographic location of the proposed guardian;
 - d. the relationship of the proposed guardian and the respondent;
 - e. the ability of the proposed guardian to carry out the powers and duties of the guardianship;
 - f. the willingness and ability of the proposed guardian to communicate with the respondent and to respect the respondent's choices and preferences;
 - g. potential financial conflicts of interest between the respondent and the proposed guardian, and any conflicts that may arise if the proposed guardian is an employee of a boarding home, residential care home, assisted living residence, nursing home, group home, developmental home, correctional facility, psychiatric unit at a designated hospital, or other similar facility in which the respondent resides or is receiving care; and
- (8) results of any background checks.

In response to the tax code/economic data about alternative housing options, several comments were made at the last meeting that people in other states do not want “group homes”, particularly where an individual or a family is told “here is your group home placement, and you have 24 hours to take it or leave it”. That is not what I was suggesting. It was also commented that the current VT system is “crisis driven”. That is unfortunately true these days. It is also contrary to the express purpose of the DD Act. See 18 V.S.A. §§ 8721, 8723 and 8724. My point was that there are options to create better and different housing situations that do not necessarily cost more money. Parents and individuals are looking for flexibility and choice.

By increasing flexibility and choice, better outcomes can be achieved, including encouraging the infusion of outside capital that could improve the housing opportunities for the DD population as a whole. The most obvious source of outside capital (e.g. real property) would be from families, but there are other possible sources as well. In April 2008, Vermont became the first state in the country to enact a “Low Profit Limited Liability Company” statute. An L3C is a for-profit organization, designed to retain the flexibility of a limited liability company (LLC), but with a primary motivation to achieve a charitable goal. It is also designed to facilitate social investing from private foundations through program related investments (PRIs). The DD system should be flexible enough to allow for the possibility that families could form an L3C that would own and operate a house for their adult children to live with peers of their choosing, and to use DD funding to provide whatever level of support those individuals need to live as independently as possible.

50. I agree with Nicole's second recommendation: "Spend more \$ on Supervised Apartment Living, and Do a better job with getting people to live with peers so that they are not isolated." However, it also needs to be recognized that some individuals with DD will always need 24/7 support no matter what kind of incentives are created or limitation are placed on an individual's time with home provider. Increasing the use of Self & Family Management, together with the encouragement of alternative housing options could facilitate less restrictive settings with peers as well as more creative options for individuals who will always need a consistently high level of support.
51. Increasing DAIL quality assurance staff back to, or at least closer to, prior levels and recreating the citizen QA reviews as Susan suggested would be a good idea.
52. New models of care:
 - a. L'Arche (cf. Camphill, Heartbeet) –economical Section 119, food, shelter exemption; high level of support thru volunteers (AmeriCorps) so cost kept down
 - b. PLAN
 - c. More flexibility (pay parents)
53. Medicaid State Plan Program (Community First Choice Option)
54. Work Without Limits (pay employers to support person; pay co-workers)
 - a. WA state
 - b. Different from. progressive employment (incentive payments)
 - c. cf. Walgreens?
55. QA may save \$\$ in long run by insuring cost effective services
56. Bring in real thinkers, experts, host a conference to help us think in new ways (John O'Brien, Charlie Lakin)
57. Moving people into apartments would be cost effective
58. More people
59. Intervene earlier: support families better (80% in AZ but default)

FAMILY SUPPORTS

What does it mean?

- a. PLAN
- b. Pay parents
- c. Create incentives for supporting independence
- d. More respite
- e. Identify especially at risk families (age criteria, single parent, two parent family)
- f. Family support waiver (cap amount)

NEW RESIDENTIAL OPTIONS

Find way to pay rent

- a. Increase Vouchers (HUD funding levels)
- b. Get waivers to vouchers, house owned by parents or trust, , MCO investment
- c. Use One time funds for bridge (GC – would need STC change)
- d. HUD 811 grant

Cost

- a. Recapping at 250K down
- PILOTS with good data measures
 - More say by families
 - Improve process for input, arriving at consensus
 - More than just money with respect to people moving out of SLP
 - Money not only barrier
 - Plan to address loneliness
 - Kinship support (rather than just ‘bio family’)
 - Sarah Carpenter, others creative housing
 - QA is KEY component plus UR
 - IN conjunction with caps on high end users, look at how we do it – not efficient
 - Find ways to create structures statewide

Targeted case management

- a. Doesn’t happen all across the state
 - b. Cost effective way of giving support
- Peer support not in GC – should be put in (then could match and max)
 - QA/UR
 - From Denise Lomoreux Bhutanese climbed dramatically will level and drop
 - When a group first comes, more stable followed by more in need